

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
OR  
REVOCATION OF POWER OF ATTORNEY  
WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |   |
|------------------------|---|
| Application Number     | 09/771791 (Patent No. 7108713)                          |
| Filing Date            | January 29, 2001  |
| First Named Inventor   | Scott Douglas Augustine                                 |
| Title                  | Surgical Barrier Device Incorporating An Inflatable ... |
| Art Unit               | Confirmation Number 5339                                |
| Examiner Name          |   |
| Attorney Docket Number | 69365US009  |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

32692

OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
|----------------------|---------------------|
|                      |                     |
|                      |                     |
|                      |                     |
|                      |                     |

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

32692

OR

Firm or Individual Name:

Address:

City:

Country:

Telephone:

State:

Zip:

Email:

I am (he):

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

*[Signature]* SIGNATURE of Applicant or Assignee of Record

|                    |                                    |            |                    |
|--------------------|------------------------------------|------------|--------------------|
| Signature:         | <i>[Signature]</i>                 | Date:      | <i>[Signature]</i> |
| Name:              | Maureen Burns                      | Telephone: | (703) 727-1300     |
| Title and Company: | Secretary, Antient Healthcare Inc. |            |                    |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.